

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 10/571,310 Filing Date _____
Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		5					54						
5		20					55						
6		10					56						
7	1						57						
8		1					58						
9		1					59						
10		31					60						
11		70					61						
12		40					62						
13		90					63						
14							64						
15							65						
16							66						
17							67						
18							68						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	11		←		←		TOTAL DEP.		←		←		←
TOTAL CLASSES	13						TOTAL CLASSES						